



Harford County Governmental Entities 2006 Health Benefit Options



Tier 1:

Generics

- Copays for generic drugs are the lowest. All generic drugs are on the preferred drug list and available at this copay.

Tier 2:

Preferred brand-name drugs

- Copays for preferred brand-name drugs are higher than generic drugs.
- When a generic version of a preferred brand-name drug becomes available, the brand-name version moves from Tier 2 to Tier 3 (non-preferred brand-name drugs).

Tier 3:

Non-preferred brand-name drugs

- Copays for non-preferred drugs are the highest.
- If your brand-name drug has a generic equivalent, the brand-name drug will not be on the preferred drug list and will be a Tier 3 drug.
- You will pay the lowest copay (Tier 1) if you choose the generic version of the drug, or the highest copay (Tier 3) if you choose the brand-name version of the drug.

The Three-Tier Prescription Drug Program

This prescription drug program is offered as part of your health care benefits. The plan is administered through Argus. This program covers both non-maintenance and maintenance prescription drugs dispensed by a retail pharmacy or Walgreens mail service pharmacy. This program is based on the CareFirst BlueCross BlueShield (CareFirst) preferred drug list, called a Formulary, which is a list of certain brand-name prescription drugs and all generic prescription drugs used by participating physicians when writing prescriptions. Your participating physician has a complete copy of the CareFirst preferred drug list. A copy can also be found on our web site at www.carefirst.com.

How The Program Works

You pay a different copay depending on whether you receive a generic drug, a brand-name drug on the preferred drug list, or a non-preferred drug. Always remember to talk to your doctor about using preferred brand-name drugs that can save you money. You and your doctor should check the CareFirst preferred drug list before you receive a prescription because the preferred drug list changes periodically. An updated copy of the preferred drug list is available at www.carefirst.com.

Retail Program

The retail program provides a 34-day or less supply of medication. Present your prescription drug identification card at any participating pharmacy and pay the appropriate copayment for your medication.

Mail Service Program

You can also get prescriptions through Walgreens mail service. The mail service prescription drug program is an integrated feature to your pharmacy benefits. It provides you with a convenient way to order medications through the mail, especially if you are ordering maintenance drugs. Your prescription is reviewed and dispensed by a registered pharmacist and is mailed directly to your home. For questions, please contact Walgreens at 800-745-6285.

Prior Authorization

A small number of prescriptions require advance approval before benefits will be available to you. Your prescribing physician should initiate prior authorization. When you receive a prescription for one of these medications, please explain to your physician that prior authorization is needed before benefits will be available. Please have your doctor call the Argus Secure Line at 1-800-294-5979. If prior authorization is not obtained or is denied, the drug will not be covered.

If you are trying to fill your prescription prior to receiving approval, your neighborhood pharmacist may contact the Argus Secure Line or your physician to begin the authorization process. However, it is best if your physician initiates prior authorization before you go to the pharmacy. If you have any questions about this process, please call Argus Member Services at 1-800-241-3371.

Maryland Point-of-Service Plan (MPOS)

Flexibility

Maryland Point of Service® (MPOS) offers two levels of benefits in one health plan. When you need medical care, you have the flexibility to see your primary care physician (PCP) or you may go "out of the network" and see any doctor you choose. Your choice determines whether benefits will be paid at the in-network or out-of-network level.

Large Network

Doctors, specialists and hospitals are located throughout Maryland, Washington, D.C., and Northern Virginia.

No Hassle Billing

Maryland Point of Service® requires little paperwork, when your PCP coordinates your care. In addition, MPOS provides direct reimbursement to your doctor, which means no hassle and no claims to file.

Out of Area Coverage

When you require health care while away from home, you will be covered with your in-network benefits for emergency care. All other services will be covered at the out-of-network benefit level.

Your Primary Care Physician

Establishing a relationship with one doctor is the best way for you to receive consistent, quality health care; therefore, you must select a primary care physician (PCP) at the time of your enrollment into MPOS.

Your PCP will:

- provide basic medical care – treat illnesses and provide preventive care,
- prescribe any medications that you may require,
- maintain your medical history,
- work with you to determine when you should see a specialist, assist in the selection of a specialist, and provide you with a written referral when needed.

You may choose a doctor who specializes in family practice, general practice, pediatrics or internal medicine as your PCP. Your entire family may select the same doctor, or each member may choose a different doctor, based on each person's age or medical needs. When completing your enrollment application, be sure to select a PCP for you and each of your family members. To ensure that you have the most current provider information, we encourage you to visit our online provider directory at www.carefirst.com.

Referrals to Specialists

Your PCP will coordinate your medical care and provide treatment for a variety of medical conditions. Generally, your PCP will need to see you for a proper evaluation before issuing a written referral. You and your PCP can work together to select a specialist.



Harford County Governmental Entities Health Benefits Comparison Chart

July 1, 2006 – June 30, 2007

Benefit	CareFirst BlueCross BlueShield Preferred Provider Organization (PPO)		Maryland Point of Service		CareFirst BlueChoice
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	
Deductible	\$250 Individual/\$500 Family	\$500 Individual/\$1,000 Family	None	\$500 Individual/\$1,500 Family	N/A
Out-of-Pocket Maximum	None	\$2,000 Individual/\$4,000 Family	None	\$2,000 Individual/\$4,000 Family	N/A
PHYSICIAN SERVICES					
Surgeon	100% AB after deductible	Covered at 80% of AB after deductible	100% AB	80% AB after deductible	Covered in full inpatient, \$10 Copay PCP; \$20 Specialist in office (facility covered in full)
In-Hospital	100% AB after deductible	80% AB after deductible	100% AB	80% AB after deductible	Covered in full
HOSPITAL					
Hospital Room/Semi Private*	100% AB after deductible/365 days	80% AB after deductible/365 days	100% AB	80% AB after deductible	Covered in full
Outpatient Surgery**	100% AB after deductible	80% AB after deductible	100% AB	80% AB after deductible	\$10 Copay PCP/\$20 Specialist
Emergency Care (within 72 hours) • Facility • Facility/Practitioner • Provider's Office	100% AB after \$35 copay 100% AB after \$20 copay 100% AB after \$20 copay	100% AB after \$35 copay 100% AB after \$20 copay 100% AB after \$20 copay	100% AB 100% AB 100% AB	100% AB 100% AB 100% AB	\$50 Copay Emergency Room (waived if admitted) \$20 Copay Urgent Care Center \$10 Copay PCP/\$20 Specialist
MEDICAL SERVICES					
Diagnostic X-rays	100% AB, no deductible	80% AB, in office after deductible 100% AB hospital no deductible	Outpatient/Office 100% AB	Outpatient/Office 100% AB	Covered in full
Radiation & Chemotherapy	100% AB after \$35 facility Copay and \$20 physician Copay	80% AB after deductible	100% AB after a \$25 facility Copay and \$15 professional Copay	80% AB after deductible for professional/\$35 facility Copay	Covered in full inpatient \$20 Copay outpatient
Laboratory Tests	100% AB, no deductible	80% AB after deductible	Outpatient/Office 100% AB	Outpatient/Office 100% AB	Covered in full
Allergy Testing	100% AB after \$20 Copay	80% AB after deductible	100% AB	80% AB after deductible	\$10 Copay PCP/\$20 Specialist
Allergy Treatment/Injections	100% AB after \$20 Copay	80% AB after deductible	100% AB	80% AB after deductible	\$10 Copay PCP/\$20 Specialist
Physical Therapy	\$20 office copay; \$35 outpatient facility copay; \$20 professional copay 100 visit limit	80% AB after deductible 100 visit limit per benefit period	100% AB after \$15 Copay 100 visit limit	80% AB after deductible; 100 visit limit	\$20 Copay up to 30 visits per condition per contract year when approved by HMO/HMO physician (PT & OT combined)
PREVENTIVE CARE					
Well Baby & Child Care	100% AB after \$20 Copay (no deductible)	80% AB (waive deductible)	100% AB after \$15 Copay	80% AB no deductible	\$10 Copay PCP
Immunization	100% AB (no deductible)	80% AB (waive deductible)	100% AB	80% AB no deductible	\$10 Copay PCP
Annual Physical Exam	One per calendar year age 18+; \$20 Copay; 100% AB up to \$200 maximum includes routine diagnostic tests (no deductible)	One per calendar year age 18+; 80% AB, \$200 maximum includes diagnostic tests (after deductible)	100% AB after \$15 Copay one per calendar year \$200 maximum	80% AB after deductible	\$10 Copay PCP/\$20 Specialist
Annual Gynecological Exam	One per calendar year \$20 Copay; 100% AB (no deductible)	One per calendar year 80% AB after deductible	100% AB after \$15 Copay one per calendar year	80% AB after deductible	\$10 Copay PCP/\$20 Specialist
Eye Exams	No benefit for routine exam	No benefit for routine exam	No benefit for routine exam	No benefit for routine exam	\$10 Copay at Davis Vision Provider one per calendar year
Eye Glasses	No benefit	No benefit	No benefit	No benefit	Discounts available through Davis Vision
OFFICE					
Medical Visits for Illnesses	100% AB after \$20 Copay per visit; (no deductible)	80% AB after deductible	100% AB after \$15 Copay	80% AB after deductible	\$10 Copay PCP/\$20 Specialist
SPECIAL SERVICES					
Hearing aid evaluation test (one every 36 months)	100% AB, no deductible	80% AB after deductible	100% AB, no deductible	80% AB after deductible	\$20 Copay/visit (once every year)
Hearing aids (one every 36 months)	100% AB, no deductible	80% AB after deductible	100% AB, no deductible	80% AB after deductible	Limited to maximum of \$1,400 every 36 months for one hearing aid for each hearing impaired ear; under 18 only
Home Health Care Visits	90 days of unlimited visits covered at 100% AB; no deductible (approved plan treatment required)	90 days of unlimited visits covered at 100% AB; no deductible (approved plan treatment required)	100% AB; approved plan of treatment required	100% AB; approved plan of treatment required	Covered in full
Maternity Care	100% AB after deductible	80% AB after deductible	100% AB	80% AB after deductible	Hospitalization covered in full. Professional pre/post natal care \$20 Copay per visit, not to exceed \$200 per pregnancy
Infertility Services Artificial Insemination & In Vitro Fertilization	Not covered	Not covered	Not covered	Not covered	Counseling and testing, \$20 Copay with specialists, artificial insemination covered at 50% of plan allowance; IVF covered at 50% of plan allowance - limited to 3 attempts per live birth; lifetime maximum \$100,000
Ambulance (when medically necessary)	100% AB no deductible	100% AB no deductible	100% AB	100% AB	Covered in full
MENTAL HEALTH/SUBSTANCE ABUSE COMBINED					
Inpatient Care*	Inpatient Hospital: 100% AB (no deductible) Halfway House: 100% AB (no deductible)	Inpatient Hospital: 80% AB (no deductible) Halfway House: 80% AB (no deductible)	100% AB (services must be preauthorized)	80% AB after deductible (services must be preauthorized)	Inpatient: (includes Halfway House) Covered in full. Partial Hospitalization: 60 days per year, \$5 Copay per day
Outpatient Care (services must be preauthorized)	Visits 1-5, 80% AB no deductible Visits 6-30, 65% AB no deductible Visits 31+, 50% AB no deductible	Visits 1-5, 80% AB after deductible Visits 6-30, 65% AB after deductible Visits 31+, 50% AB after deductible	Visits 1-5, 80% AB Visits 6-30, 65% AB Visits 31+, 50% AB	Visits 1-5, 80% AB after deductible Visits 6-30, 65% AB after deductible Visits 31+, 50% AB after deductible	Visits 1-5, 20% coinsurance Visits 6-30, 35% coinsurance Visits 31+, 50% coinsurance
PRESCRIPTION DRUG PROGRAM					
	\$10 Copay - generic drugs \$20 Copay - brand-name preferred drugs \$35 Copay - non-preferred drugs Maintenance drugs: Retail - 3 Copays Mail Order - 2 Copays	\$10 Copay - generic drugs \$20 Copay - brand-name preferred drugs \$35 Copay - non-preferred drugs Maintenance drugs: Retail - 3 Copays Mail Order - 2 Copays	\$8 Copay - generic drugs \$15 Copay - brand-name preferred drugs \$30 Copay - non-preferred drugs Maintenance drugs: Retail - 3 Copays Mail Order - 2 Copays	\$8 Copay - generic drugs \$15 Copay - brand-name preferred drugs \$30 Copay - non-preferred drugs Maintenance drugs: Retail - 3 Copays Mail Order - 2 Copays	\$5 Copay - generic drugs \$10 Copay - brand-name preferred drugs \$25 Copay non-preferred drugs/ \$4,000 maximum per person Maintenance drugs: Retail - 3 Copays Mail Order - 2 Copays

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description, the Health Benefits Certificate, the Group Benefit Guide or the Group Service Agreement.
AB-Allowed Benefit.
*Inpatient stays require precertification. **If the hospital bills for use of the facility or provider bills for use of his office, the member will be subject to the appropriate copays.

Dental Options Benefits

Benefit	Regional Traditional Dental	Regional Preferred Dental	
	Coverage	In-Network	Out-of-Network
Class I—Diagnostic, Preventive, sealants, space maintainers	100% of AB	100% of AB	75% of AB
Class II—Fillings, periodontics (non-surgical) simple extractions	80% of AB (after deductible)	80% of AB (after deductible)	60% of AB (after deductible)
Class III—Periodontics (surgical) Endodontics, oral surgery, anesthesia	80% of AB (after deductible)	80% of AB (after deductible)	60% of AB (after deductible)
Class IV—Crowns and crown build up, dentures, bridges, inlays/onlays/veneers	50% of AB (after deductible)	50% of AB (after deductible)	35% of AB (after deductible)
Class V—Orthodontics (up to Age 19)	50% of AB	50% of AB	35% of AB
Annual Deductible Classes II, III and IV			
Individual	\$ 25	\$25	\$ 75
Family	\$ 75	\$75	\$150
Maximums			
Annual Maximum Classes I, II, III and IV	\$1,500	\$1,500 Combined In and Out-of-Network	
Lifetime Maximum Class V	\$1,000	\$1,000 Combined In and Out-of-Network	
AB-Allowed Benefit.			

Vision Benefits

Schedule of Benefits		
Benefit Coverage¹	In-Network Coverage¹	Out-of-Network
Vision Exam	Covered in full	\$45 Allowance
Lenses (per pair)		
Single	Covered in full	\$52 Allowance
Bifocal	Covered in full	\$82 Allowance
Trifocal	Covered in full	\$101 Allowance
Frames		
Tower Collection Frames	Approximately 270 frames covered in full	N/A
Non Tower Frame at Independent Provider	\$45 Allowance²	\$45 Allowance
Frame at Retail Provider	\$90 Allowance	\$45 Allowance
Contact Lenses		
Medically Necessary Lenses	Covered in full with prior approval	\$285 Allowance
Single Vision Lenses	\$97 Allowance	\$97 Allowance
Benefits are provided for one exam and one pair of glasses or contact lenses per year.		
¹ Services must be rendered by a Davis Vision provider.		
² Plan pays \$45 allowance towards wholesale cost. If more than allowance, you pay 2 times the difference between the wholesale cost and \$45 allowance (Example: Wholesale cost=\$50; You pay \$5x2=\$10)		

Online Access through *My Account*

CareFirst is pleased to offer *My Account*, a web site that allows you to directly access your health benefit information online. So now, you can obtain answers to many questions regarding your health insurance coverage and costs, including your date



of eligibility, who is included on your policy and the status of your current and previous claims, as well as your current deductible and maximums – all conveniently online. Visit www.carefirst.com/myaccount to register.

While our Member Services representatives are still here to serve you, isn't it nice to know that you can get answers to many of your questions on your time?



Health Information on the Internet

Visit our own online, interactive guide for health related topics. Called *My Care First*, this site offers information on nutrition, fitness, chronic illnesses, stress, mental health and much more. You'll also find support if you're trying to lose weight, quit smoking or manage your chronic illness. *My Care First* covers the latest developments in medicine and health. Check it out at www.carefirst.com to learn how you can maintain a healthier lifestyle.

Options Discount Program

The *Options* program provides you with discounts on laser vision correction, hearing care services, ElderCare information and referral, fitness centers and mail order contact lenses, as well as alternative therapies such as acupuncture, massage therapy and chiropractic care. CareFirst members can also receive discounts on Tai Chi, Qi Gong, Pilates, Yoga, Nutrition Counseling, Guided Imagery, Meditation instruction, Mind-Body instruction and personal training.



You can also save \$10 on a 3-month subscription to Weight Watchers Online® when you sign up through www.carefirst.com. Weight Watchers Online® provides a set of personalized tools to help you stay on track. Set up your own Online Journal, Meal Planner, Weight Tracker, and Progress Charts, and search a database of over 800 Weight Watchers recipes, and calculate points for your own foods and meals.

Options is not a covered benefit under your health plan, but rather a way for you to access health and wellness practitioners at discounted rates. To find out more, visit www.carefirst.com.

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